Performance

Report

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| Name of service: | Performance report date: |
| Wesley Vickery | 13 September 2022 |
| Commission ID: | Activity type: |
| 0161 | Site audit |
| Approved provider: | Activity date: |
| Wesley Community Services Limited | 26 July 2022 to 28 July 2022 |

This Performance Report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Wesley Vickery (**the service**) has been considered by Gill Jones, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the site audit the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 30 August 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 2(3)(e)

* Ensure care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

The Quality Standard is assessed as compliant as six of the specific requirements have been assessed as compliant.

Overall, sampled consumers consider that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. For example:

* Consumers/representatives said staff treat consumers with respect and dignity, and value their individual identities.
* Consumers said their culture and diversity is valued.
* Consumers/representatives provided positive feedback and gave examples of how the service supports consumers to be independent, exercise choice and make decisions about the care and services provided.
* Consumers said they are satisfied their care and services are undertaken in a way which respects their personal privacy.
* Consumers/representatives said they consider the information they receive is accurate, current, timely and easy to understand.

Staff interviewed demonstrated respect towards consumers and an understanding of their care and service preferences. The Assessment Team observed staff interacting with, and providing support and services to, consumers in a respectful manner.

Care planning documentation and staff meeting minutes identified the service understands and supports consumer choice.

Consumers’ relationships are acknowledged and supported, and consultation occurs to ensure staff awareness of matters of importance to the consumer to support the consumer to live the best life they can.

Review of relevant documentation demonstrated, and interviews with consumers/representatives and staff confirmed, interventions and training implemented by the service ensure consumers are treated with dignity and respect, with their identity, diversity and culture valued.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant.

* Requirement 2(3)(e) Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The Assessment Team found a comprehensive review of the consumer and updating of the consumer’s care plans is not always conducted when the consumer’s circumstances change, or incidents occur that impact on the needs, goals or preferences of consumers. Furthermore, some consumers care plans did not accurately reflect their current care needs.

The Assessment Team identified three consumers who’s care plans did not reflect their current care needs. Each consumer had experienced a change in their care needs including changes to their skin integrity needs, pain management needs and continence needs. These changes had not resulted in a review and updating of the consumer’s care plan to ensure it accurately reflected their changed care needs.

The Approved Provider, in their response to the Assessment team’s report, acknowledged that consumer’s care plans had not been immediately updated to reflect changes in their care needs and stated that they are addressing this through a change to their processes.

Overall most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Most consumers and representatives sampled considered they are partners in their care planning and they get the care they need and can access their care plan if they wish to.
* Most consumers interviewed expressed satisfaction with the assessment and planning of their care, and end of life care and preferences are also discussed with consumers.
* Most consumers and representatives indicated staff generally knew what consumers wanted in terms of how their care is delivered.
* The service was able to demonstrate they have a partnership with consumers and/or representatives and they are involved in the assessment and planning of the consumer’s care and services.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

I have assessed this Quality Standard as compliant as I am satisfied all seven requirements are compliant.

Overall most sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers and representatives sampled indicated the consumer receives the care they need.
* Consumers and representatives indicated they are mainly satisfied with communication in relation to changes in consumer care or health.
* There is evidence of communication between the service and other health professionals where care is shared.
* Consumers and representatives advised consumers have access to services such as, medical, behaviour/mental health specialists, physiotherapy, dieticians and other allied health services.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

The Quality Standard is assessed as compliant as seven of the specific requirements have been assessed as compliant.

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers interviewed confirmed they are able to do the things they like to do and are supported by the service to do this.
* Consumers identified the people who are important to them and described the ways they are supported to keep in touch with these people.
* Consumer preferences for services and supports for daily living were consistent with the information provided in interviews with staff and the information documented in consumers’ care plans.
* Consumers with varying levels of mobility were observed moving about the service, with staff providing support as required, and most consumers were observed to be engaged in activities of their choosing.
* The service has a range of lifestyle supports and services available for consumers which includes options for consumers with varying levels of functional, cognitive and visual abilities.
* Consumer feedback regarding the meals was consistently positive in relation to the quality of the meals

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

The Quality Standard is assessed as Compliant as three of the specific requirements have been assessed as Compliant.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment and find it easy to find their way around.

For example:

* Consumers/representatives said they always feel welcome when visiting.
* All consumers/representatives sampled did not raise any concerns on the cleanliness and maintenance of the service. Preventative maintenance and cleaning schedules are complete and kept up to date.
* Consumers’ rooms and the service environment were observed to be clean and well-lit throughout. Observation by the Assessment Team of the communal areas of the service identified the walls, skirting boards, hand railings, door frames and door, were scratched, scrapped, and chipped, however, sampled consumer/representatives did not express any concerns regarding this. The centre manager advised the service was to be painted 12 months ago however due to COVID-19 this was delayed. The service is waiting for the contractors to advise of the new date for commencement.

**Standard 6**

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

The Quality Standard is assessed as compliant as four of the specific requirements have been assessed as compliant.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Generally, consumers interviewed felt they could make complaints and consistently said they felt safe to do so with staff they trusted, one consumer said they have been at the service for seven years and had not had any issues with resolving complaints. The consumer described how much they trusted the RN’s and care staff to assist them with any concerns.
* Consumers interviewed felt that changes were made at the service in response to their complaints and feedback, for example, improvements to food and suggestions for lifestyle activities that may be of interest to them.
* Staff were able to describe the feedback and complaints process and services available to support consumers to do so, such as interpreters, and other aged care advocacy organisations.

**Standard 7**

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| Human resources | | Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

The Quality Standard is assessed as compliant as five of the specific requirements have been assessed as compliant.

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Consumers interviewed confirmed that staff are kind and caring. Consumers described staff using terms such as ‘very kindly’ and ‘gentle.’
* Consumers interviewed confirmed that staff know what they are doing and provided comments such as the service care level meets all their expectations.
* Consumers interviewed confirmed that they think there are adequate staff at the service, and that they generally do not have to wait long for their call bells to be answered. In addition, they acknowledged the staff work really hard.
* Service call bell response records and staff feedback seemed to indicate that the service is operating with sufficient staff. However, management said they are reviewing staffing levels in response to the recent increase in consumer admissions to the service.

**Standard 8**

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

I have assessed this Quality Standard as compliant as I am satisfied all five requirements are compliant.

The Assessment Team recommended Requirement 8(3)(b) was non-compliant however I find this requirement compliant as satisfied that overall the service has risk management systems and governance arrangements in place to manage risk effectively.

The Assessment Team found that whilst the organisation has a comprehensive risk management framework and an organisational structure in place to provide local and organisational oversight there were gaps in the management of high impact, high prevalence risks to consumer’s health, safety and wellbeing. The Assessment team also found it was not clear whether the Board was made fully aware and engaged in resolving the associated systemic risks to health and safety of these consumers. The Approved Provider, in their response to the Assessment Team’s report provided additional information demonstrating how the Board oversees the management of systemic risk and risk to individual consumers. I find am satisfied that overall the service has risk management systems and governance arrangements in place to manage risk effectively.

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Consumers interviewed confirmed that the service is well run, with many expressing they were satisfied with the care and services they received.
* Consumers could provide examples of how they are involved in the development, delivery and evaluation of care and services, including their participation in the resident committee and the menu planning committee.

The service demonstrated consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement to the extent that COVID-19 lockdowns and restrictions allowed. On the whole, the service demonstrated it has effective organisation wide governance systems in the areas of workforce and financial governance, feedback and complaints and auditing of regulatory compliance. The governing body promotes a culture of safe, quality and inclusive care and services.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)